

Barbara Campbell
National Stage Processing
(703) 305-3631

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

| | |
|--------------------------------|-------------|
| SERIAL NO. 09/424104 | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 24 | | | | | |
| TOTAL CLAIMS | 28 | | | | | |

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